

FORM FOR DEPARTMENT OF ENERGY (DOE) EMPLOYEES, OTHER GOVERNMENT AGENCIES AND ORO GOVERNMENT CONTRACTORS REQUESTING ACCESS TO OAK RIDGE NATIONAL LABORATORY (ORNL) COMPUTING RESOURCES

A. NAME _____ B. PHONE _____ C. UID _____

D. BADGE NUMBER _____ E. SSN # _____ F. DOB _____

G. ADDRESS:

DIVISION NAME _____ E-MAIL NAME _____

ROUTE SYMBOL/ORG. CODE _____ BRANCH NAME _____

BUILDING _____ MAIL STOP _____ ROOM _____

CITY _____ STATE _____ ZIP _____

H. EMPLOYER/CONTRACTOR: _____

I. CITIZENSHIP: USA _____ OTHER (SPECIFY) _____

J. CURRENT CLEARANCE LEVEL:

NONE _____ DOE Q _____ DOE L _____ OTHER US GOVERNMENT AGENCY (SPECIFY) _____

K. ACCESS REQUEST: I am requesting access to the following "UNCLASSIFIED" ORNL information system resource(s):

1. ☐ ORNL Domain 2. ☐ ORNL Mail 3. ☐ ORNL-PPP 4. ☐ ORNL-VPN

5. ☐ Other (specify) _____

L. DATES ACCESS IS REQUIRED: Begin: _____ End: _____

M. TYPE OF ACCESS REQUESTED: 1. ☐ On Site 2. ☐ Remote Access Only

APPLICANT RESPONSIBILITY STATEMENT

This access is required in the normal course of my employment or other association with ORNL. I agree to abide by all applicable ORNL and DOE procedures and regulations governing these AIS resources. I understand that the AIS system(s) for which I am requesting access contain(s) information which is the property of the DOE or ORNL and that I will treat and protect such information in a manner consistent with its sensitivity and that none of this information will be disclosed to others or retained by me at the end of my employment or other association with ORNL. I also understand that I am responsible for the protection of such information while it is in my possession or control and that the release of said information may be a violation of Federal Laws.

Signature _____ Date _____

DOE/ORO DIVISION MANAGER OR CONTRACTING OFFICER REPRESENTATIVE STATEMENT

I have reviewed and concur with the request to access the DOE or ORNL information systems resource(s) for the individual named in Section A of this form.

Name _____
(type/print) Signature _____ Date _____

DOE/ORO/IRMD AUTHORIZER STATEMENT

I have reviewed the request to access the DOE and ORNL managed AIS resource(s) for the individual named in Section A of this form and approve access to the AIS resources specified in Section K. This access is to be removed as of the end date in Section L.

Name _____
(type/print) Signature _____ Date _____